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CONFIRMATION NO. 6738

<b>SERIAL NUMBER</b> 10/665,793	<b>FILING OR 371(c) DATE</b> 09/19/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> KAP 100 CIP	
<b>APPLICANTS</b> Edward J. Kaplan, Boca Raton, FL;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/412,050 09/19/2002 and is a CIP of 09/861,326 05/18/2001 PAT 6,746,661 which claims benefit of 60/249,128 11/16/2000 This application 10/665,793 is a CIP of 09/861,196 05/18/2001 PAT 6,514,193 which claims benefit of 60/249,128 11/16/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/10/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Examiner's Signature</i> <i>Initials</i>		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23579					
<b>TITLE</b> Flexible and/or elastic brachytherapy seed or strand					
<b>FILING FEE RECEIVED</b> 598	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		